



Appendix C:

2010 Partnership
Project Form

Guidance for Completing 2010 Partnership Project Form

All local projects that meet the following criteria may be submitted and registered as part of the Healthy Arizona 2010 effort:

1. Link directly to one or more Plan objectives;
2. Clearly describe one or more specific strategies that the project will implement;
3. Actively involve members of the local community;
4. Describe a plan for evaluation of project outcomes/effectiveness;
5. Be willing to share data and findings with other Arizona communities.

Focus Area:	Please check one focus area that your project addresses directly. If your project addresses more than one focus area, please complete a separate form for each one. The information will be listed on our website under each of the relevant focus areas.
Objective:	Select the Healthy Arizona 2010 objective that most closely describes your project's goal. If selecting more than one objective, please complete a form for each one.
Strategy:	Select one of the strategies listed below the Objective in the Plan. If your project doesn't match a strategy listed in the Plan, please submit your own, being sure that it is targeted to achieve the Objective.
Data Source:	List the data source upon which your project is based. For example, if your project addresses teen pregnancy, tell us where you have found the statistical information for your community.
Fund Source:	If your project is funded by local government, a grant, etc. please list. If there is no fund source, i.e. the work is being done on a voluntary basis, please write "NA".
Target Population:	Indicate a specific group whose needs are being addressed by the project, e.g. older adults, Hispanics, new mothers. If the target is the whole community, then indicate that.
Disparity to be addressed:	If your project is aimed at reducing a specific disparity, please indicate which one. Keep in mind that Healthy Arizona 2010 efforts will address ethnic/racial disparities and those related to age, gender, disability, geographic area, etc., as well.
Project Description:	Briefly describe what the project is actually doing. For example: <i>Collaborating to develop a new after-school physical activity program for area middle school students.</i> Feel free to add an additional page if necessary.
Evaluation Plan:	Indicate how you will know that your project is successful. Evaluation may reflect measurable behavioral change, numbers of individuals reached through your efforts, completion of a specific activity, etc. Only projects for which you have or are developing a method of evaluation will be registered as part of Healthy Arizona 2010. Should you need technical assistance in this area, or for any other questions you may have, please contact the Healthy Arizona 2010 office at 602-542-1223.
Responsible Person; Local Partner names:	Identifying information listing contact person and local partners for your project must also be listed on the form.



2010 Partnership Project

Focus Area							
G	Physical Activity	G	Nutrition	G	Tobacco Use	G	Injury & Violence
G	Substance Abuse	G	Mental Health	G	Environmental Health	G	Responsible Sexual Behavior
G	Immunization & Infectious Diseases	G	Access to Care	G	Maternal & Infant Health	G	Oral Health
Objective							
Strategy							
Data Source		Fund Source			Target Population		
Disparity to be addressed							
Responsible Person Name		Title	Organization		Mail Street Address		E-mail
City	County	Phone		Cell Phone		FAX	



2010 Partnership Project

Project Description		Date Initiated
Local Partner Names (use additional sheet if needed)	Organization	
Evaluation Plan		Target Dates



example

2010 Partnership Project

Focus Area							
G	Physical Activity	G	Nutrition	G	Tobacco Use	G	Injury & Violence
G	Substance Abuse	G	Mental Health	G	Environmental Health	G	Responsible Sexual Behavior
G	Immunization & Infectious Diseases	G	Access to Care	X	Maternal & Infant Health	G	Oral Health
Objective Increase the proportion of mothers who breastfeed their babies.							
Strategy Provide both early breastfeeding education and ongoing support to new mothers in conjunction with prenatal services.							
Data Source We are using WIC data as a baseline .		Fund Source NA		Target Population Latina women who are pregnant.			
Disparity to be addressed The rate of breastfeeding among Hispanics is lower than the average rate for Arizona.							
Responsible Person Name Judy Davis-Luz		Title Chair	Organization So. Phoenix Coalition to Promote Breastfeeding		Mail Street Address 6029 South Central Phoenix, AZ 85040		E-mail none
City Phoenix		County Maricopa	Phone 602-821-8990		Cell Phone none		FAX 602-821-8903



example

2010 Partnership Project

Project Description		Date Initiated 2/1999
<p>We are working with the Wilson Health Center to promote breastfeeding with women who are receiving pre-natal care. We are using both brochure information and a video that shows the benefits of breastfeeding to both mother and baby. Our project includes a support group and telephone “mentors” to help new mothers continue breastfeeding once they have begun. We also provide information on different types of breast pumps and resources that are available to help women purchase pumps and other supplies.</p>		
Local Partner Names (use additional sheet if needed)	Organization	
Sandra Gutierrez	Baby Arizona	
Dr. Elizabeth Cruz	Wilson Health Center	
George Prendeville	AHCCCS	
Maria Gallegos	So. Mountain Community College	
Sonia deBono	La Leche League of AZ	
Evaluation Plan		Target Dates ongoing
<p>We have developed a one-page survey that we give to women who come in for their first prenatal visit. The survey asks whether they intend to breastfeed. All of the women who receive the materials are contacted prior to delivery and every three months during the baby’s first year to see if they are still breastfeeding and to identify any barriers that they may have. Since we started this project, 75% of the mothers in the project have begun breastfeeding and continued through the third month.</p>		